

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ \_\_\_\_\_

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b> Applicant's or agent's file reference HM/13422.110	
International application No. PCT/CA03/00919	International filing date (day/month/year) 17 June 2003 (17/06/2003) (Earliest) Priority date (day/month/year) 18 June 2002 (18/06/2002)
Title of invention ENCAPSULATED CATHODE HANGER BAR AND METHOD OF MANUFACTURING	
<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FALCONBRIDGE LIMITED Met Tech Centre P.O. Box 40 Sudbury, Ontario P0M 1S0 CANADA	
Telephone No. (705) 693-2761 Facsimile No. (705) 699-3431 Teleprinter No. Applicant's registration No. with the Office	
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) ROBINSON, Victor 195 Laneige Avenue Port Sydney, Ontario CANADA	
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DETULLEO, James Joseph 400 Finn Road, Barbers Bay P.O. Box 254 Porcupine, Ontario P0N 1C0 CANADA	
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

## Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

IVERSON, Gordon S.  
1181 Middlegate Road  
Oakville, Ontario  
L6M 1M5  
CANADA

State (that is, country) of nationality:  
CA

State (that is, country) of residence:  
CA

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BEALES, Ian J.  
47 Glamis Drive Southwest  
Apt. 101  
Calgary, Alberta  
T3E 6S2  
CANADA

State (that is, country) of nationality:  
CA

State (that is, country) of residence:  
CA

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐ Further applicants are indicated on another continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*DUBUC, J.H.; LECLERC, A.M.; GAUVREAU, J.; SOFIA, M.;  
MANSFIELD, H.; BRUNEAU, G.  
GOUDREAU GAGE DUBUC  
Stock Exchange Tower  
800 Place Victoria, Suite 3400, P.O. Box 242  
Montreal, Quebec, H4Z 1E9, CANADA

Telephone No.

(514) 397-7604

Facsimile No.

(514) 397-4382

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description

☐

as originally filed

☐

as amended under Article 34

the claims

☐

as originally filed

☐

as amended under Article 19 (together with any accompanying statement)

☐

as amended under Article 34

the drawings

☐

as originally filed

☐

as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH☒

which is the language in which the international application was filed.

☐

which is the language of a translation furnished for the purposes of international search.

☐

which is the language of publication of the international application.

☐

which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |  |   |        |
|--|---|--------|
| 1. translation of international application                              | : | sheets |
| 2. amendments under Article 34   | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19  | : | sheets |
| 5. letter  | : | sheets |
| 6. other (specify)   | : | sheets |

For International Preliminary  
Examining Authority use only

received not received

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                             | 5. <input type="checkbox"/> statement explaining lack of signature                        |
| 2. <input type="checkbox"/> original separate power of attorney                          | 6. <input type="checkbox"/> sequence listings in computer readable form                   |
| 3. <input type="checkbox"/> original general power of attorney                           | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify):  |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

GOUDREAU GAGE DUBUC

By.  \_\_\_\_\_

ALAIN M. LECLERC

**For International Preliminary Examining Authority use only**

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

**For International Bureau use only**

Demand received from IPEA on:

## PCT

## FEE CALCULATION SHEET

## Annex to the Demand

International application No. <b>PCT/CA03/00919</b>	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference <b>HM/13422.110</b>	Date stamp of the IPEA	
Applicant <b>FALCONBRIDGE LIMITED et al</b>		
<b>CALCULATION OF PRESCRIBED FEES</b>		
1. Preliminary examination fee .....	<b>1530</b>	<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; text-align: center; line-height: 15px;">P</div>
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	<b>159</b>	<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; text-align: center; line-height: 15px;">H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	<div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block; text-align: right; padding-right: 5px;"> <b>1689</b> </div>	
<div style="border: 1px solid black; width: 150px; margin: 0 auto; padding: 2px 5px;">TOTAL</div>		
<b>MODE OF PAYMENT</b>		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i>		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____	
<input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____	
	Date: _____	
	Name: _____	
	Signature: _____	



Europäisches  
Patentamt

European  
Patent Office

Office européen  
des brevets

Einsender / Sender / Expéditeur :

MARIA DIAS-LECLERC  
GOUDREAU GAGE DUBUC  
STOCK EXCHANGE TOWER  
SUITE 3400  
P.O. BOX 242  
800 PLACE-VICTORIA  
MONTREAL, QUEBEC  
H4Z 1E9  
CANADA

☒ D-80298 München  
(+49-89) 2399-0  
Tx 523 656 eprnu d  
Fax (+49-89) 23 99-44 65  
☒ P.B. 5818 Patentlaan 2  
NL-2280 HV Rijswijk  
(+31-70) 340-2040  
Tx 31 651 epo nl  
Fax (+31-70) 340-3016  
☒ D-10958 Berlin  
(+49-30) 25901-0  
Fax (+49-30) 25901-840

**Bestätigung über den  
Eingang nachgereichter  
Unterlagen für Patentan-  
meldungen/Patente beim  
Europäischen Patentamt**

**Acknowledgement of  
receipt for subsequently  
filed items relating to  
patent applications/patents  
at the European Patent  
Office**

**Accusé de réception à  
l'Office européen des bre-  
vets de pièces produites  
postérieurement au dépôt  
d'une demande de brevet/  
à la délivrance d'un brevet  
européen**

Datum und Ort des Eingangs sind aus  
der Perforation dieser Eingangsbestäti-  
gung ersichtlich  
(M + Datum = Einreichungsort München;  
H + Datum = Einreichungsort Den Haag;  
Datum + B = Einreichungsort Berlin)

Date and place of receipt are shown by  
the perforation appearing on this receipt  
(M + date = Munich as place of receipt;  
H + date = The Hague as place of receipt;  
date + B = Berlin as place of receipt)

La date et le lieu de réception sont indi-  
qués par la perforation du présent accusé  
de réception  
(M + date = pièces reçues à Munich;  
H + date = pièces reçues à La Haye;  
date + B = pièces reçues à Berlin)

**Eingereichte Unterlagen**

**Items filed**

**Pièces envoyées**

Anmeldungs- (und Direktions-*) Nr./Patent Nr. Application (and Directorate*) No./Patent No. N° de la demande (et de la direction*)/n° du brevet	Ihr Zeichen Your reference Votre référence	ggfs. Art und Datum der Unterlagen** Nature and date of items (optional)** Nature et date des pièces (facultatif)**
1 PCT/CA03/00919	HM/13422.110	PCT/IPEA/401
2		
3		
4		
5		
6		
7		
8		
9		
10		

\* falls bereits bekannt

\*\* Der Eingang der angegebenen Unterlagen  
wird bestätigt.  
Enthält diese Spalte keine Eintragungen, so  
wird lediglich bestätigt, daß eine Sendung  
zu dem angegebenen Aktenzeichen einge-  
gangen ist.

\* if already known

\*\* The receipt of the items indicated is  
confirmed.  
If this column does not contain any entries,  
it is only confirmed that an item has been  
received for the indicated file.

\* si déjà connu

\*\* La réception des pièces indiquées est  
confirmée.  
Faute de mention dans cette colonne, le  
présent accusé de réception se rapporte à  
une pièce quelconque envoyée sous la  
référence indiquée.